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APPLICANTS Yat Sun Or, Cambridge, MA; Tsvetelina Ivanova Lazarova, Brookline, MA; Blake Christopher Hamann, Cambridge, MA; Jason Shih-Hao Chen, Claremont, CA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/12/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
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TITLE CYCLOSPORIN ANALOGS FOR THE TREATMENT OF AUTOIMMUNE DISEASES					
FILING FEE RECEIVED 670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		